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ABSTRACT

Efforts to contain the spread of Acquired Immune Deficiency Syndrome (AIDS) have been slowed by numerous arguing factions, political, religious, and medical, all of which perceive the AIDS epidemic through a different set of symbols. The images can be more easily understood using Kenneth Boulding's Threat, Integry, and Exchange (or TIE) model. The triangular model suggests that interactions based on threat images are destructive, founded on one group subjugating another. Groups who base their actions on threat images include Christian fundamentalists, who conclude that the disease is an act of divine retribution; the medical community, which sees AIDS as a threat to its authority and ability to cure disease, and some gay groups, who see AIDS as a threat to their political autonomy and sexual freedom. Action based on exchange images are more productive, including spending tax dollars on AIDS research, while action based on integrative images is the most productive, encompassing the acknowledgement of identity in relation to others. Churches that have welcomed gays into their membership and groups that have been formed to deal specifically with the AIDS issue fall into this category. It is held that Boulding's concept of integry provides the best model for a pragmatic and thoughtful response to the "situational exigence" of AIDS, and the public should attend to those in the AIDS debate who articulate this unifying image. (Four pages of references are included.) (JC)

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A CLASH OF SYMBOLS: AN ANALYSIS OF COMPETING IMAGES AND ARGUMENTS IN THE AIDS CONTROVERSY

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Abstract

This study details the "assumptive ground" of four participant groups involved in the public debate over the AIDS crisis and attempts to discover the warrants of their arguments. Boulding's Threat, Integry and Exchange model is employed as a methodology in order to perceive the various "images" that the various rhetors possess of the debate so that a common assumptive ground or warrant can be created for useful future discussion about this vital topic.

A CLASH OF SYMBOLS: AN ANALYSIS OF COMPETING IMAGES AND ARGUMENTS IN THE AIDS CONTROVERSY

Introduction

AIDS (Acquired Immune Deficiency Syndrome) has been variously labeled as "the new terror," "the epidemic of the century" and likewise by the mass press (Bebout 31-2). The AMA has dubbed AIDS "one of the most serious epidemics confronting man in modern times" (Stryker 3). The reason for the hyperbole is simple: According to the Surgeon General's Report on AIDS, by the end of 1991, 270,000 cases of of the disease will have been diagnosed, with 179,000 resultant deaths (6). Most of the victims are young, with 90% of patients between 20-49 years of age. To make matters worse, no effective treatment or cure has yet been discovered for those persons who already have the disorder, and none is likely in this decade (Osborn 40-59). Even though a test for the suspected causal agent of AIDS, the HIV (Human Immunodeficiency Virus), has been developed, no vaccine has yet been devised (Ibid.). Within the exigence of the AIDS crisis, the epidemiology of the disorder is the organizing principle and the audiences are all of the groups of people either working on solving the crisis or affected by it. Symbols employed by those involved in the AIDS debate are based upon the conception they possess of these facts (Elder & Cobb 40). The vision that a participant takes of the AIDS crisis will thus vary according to the "situational relevance" that it presents to them, in keeping with Elder

and Cobb's theory (68-70).

It is the purpose of this paper to outline the "images" that the major participants in the debate possess of the issue and to ascertain how these images affect their use of symbols. The image analysis will draw from Boulding's work, employing his three aspects of social organization (Threat, Exchange, and Integrative) (Ecodynamics 15-6). Elder and Cobb's "modes of symbolic attachment" typologies will be then applied to these images of the crisis. (58-62) Any rational discussion of the AIDS crisis requires a "symbolic convergence" to occur between the participants in AIDS debate, and it is hoped that this work will foster just such a convergence. The major participants in the AIDS debate analyzed are:

1. The medical community
2. Religious representatives, fundamentalist and liberal
3. Gay representatives, moderate and radical.

It is important to note that a major AIDS affected group, IV drug users, have been at a disadvantage in having their voices heard in the debate, in that they tend to be poor, disorganized and disheartened. As former NYC Health Commissioner, David Sencer, rhetorically asks, "'Who speaks for the drug abuser in our society? Who's in favor of them? (Gross NYT) Yet it is within this disadvantaged group that

many future AIDS cases will appear. Gross states that in New York City, slightly more than one-third of new AIDS cases are heterosexual IV drug users. In addition, 54% of AIDS sufferers are black or hispanic (Ibid.) Unlike the gay community, IV drug users are resisting behavioral change that could save their lives as well as others (Relman et al 21; Liberson 46). If the politically-attentive parties which are presently arguing with each other could come to some consensus on an national AIDS policy, then perhaps the problems of this neglected segment of victims could be addressed in turn. In addition, the concerns of the general public could also be addressed rationally. At present, an accurate public perception of the AIDS crisis is being hindered by a "clash of symbols" created by the primary participants noted above.

Methodology

Central to the development of this study is Boulding's concept of the "image." In a series of three books (The Image, Power of Social Dynamics and Ecodynamics: A New Theory of Societal Evolution) Boulding asserts that our behavior as humans in society depends upon the construction of our experiences into meanings in the mind, predicted towards the future: this process of construing life into mental patterns becomes our "image," our reality (Image 3-18). In society, the interactions that people have with each other and among groups are based upon an "image of an image" (45).

Through the symbolic processes of communication, people's images confront other people's images, and one or both are modified as a result. By this interplay of images between persons, learning results, resulting in the enlargement of the "noosphere" (ED 199-200). (The noosphere is that area of human development that is based upon learning from the environment, from communication, and not from biogenetic determinants (14).) Every agent in the society, whether a person or a organization, plans its present behavior upon its image of how the future will change as a result. Relations between individuals or groups in a society (whether cooperative or competitive) are mediated in a systematic regularity by interaction between several levels of organization. In this study, the societal organizing principles that will be developed are those of threats, exchange and integration, defined thusly (15-6):

(1.) Threat is a social organizer based upon the premise that "You do something I want or I will do something that you do not want." Government often operates upon the level of threat, and it is able to do so because most people see its authority as legitimate (141-59). It can also occur between groups in the society, with the mainstream culture threatening to harm a subculture. The homosexual subculture has, for example, often been threatened by the larger culture in history, sometimes subtly (by not having its contributions to the society recognized) or blatantly (as per legal banning or other discrimination) (cf. Katz). Sometimes, however, a

subculture can threaten the majority culture. An example of this was the rioting and calls for revolution made by black and student radicals in the 1960s. Threatening interactions are a zero-sum game, that is, one participant is bound to lose, if not both. Boulding states that if interaction on the level of threat is not controlled, it can lead to destruction (ED 157).

(2.) Exchange is a relational pattern based upon classical liberal economics, i.e., "You do something I want and I'll do something that you want." Next to the money economy, exchange is often seen as a modus operandi in democratic political systems. This method of social organization is more stable and productive than the threat system, in that, if handled properly, it is a positive-sum game (163-70). Participants in positive-sum interactions can come away from them fulfilled. For example, if the government agrees to spend more of our tax dollars upon AIDS research in hopes of a cure, most people in the society will feel the better for it. Quite often, people are not conscious of the operation of exchange explicitly. In most cases of government spending, for instance, the public is not made directly aware of what else could be done with the money. Because of this subconscious element, exchange is a more powerful social organizer than it is assumed to be (PSD 25-6).

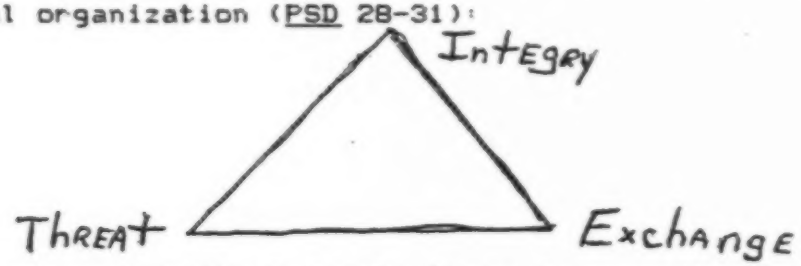
(3.) Integration is a complex and diverse system of

social organization that encompasses the creation of status relations, feelings of love or hatred, trust or mistrust (PSD 26). In integration, a person's or group's image of its identity is defined in relation to others (ED 190). In fact, one must be able to see the other's image of life in order to communicate at all. The operative statement here is "I will do something or I will ask you to do something because of what I am and because of who you are." This interaction is based upon the "roles" that individuals or groups play in society (190-1).

One basic unit of society that is based primarily upon the integrative model of organization is the family. People usually do things for family members for who they are, and the activity is reciprocated. This is not to say that threat and exchange do not also operate within families, because they often do. But within most social structures built upon a familial model (churches, schools, and even some aspects of government) the integrative impulse is prominent (PSD 27-8). "Integry," Boulding states, is "part of the genetic structure of society. It is part of the noosphere" (ED 199). Symbolic communication is the major element of learning within the noosphere. Persuasion (where a rhetor changes the image of experience with his auditors) is seen as a great "multipiler" or catalyst of change within social systems by Boulding (ED 226). He suggests that at the level of "mysterious" symbolic systems, some notable communicators (Jesus, Mohammed, Karl Marx) have been able to alter history, an idea to which

Boulding's general evolutionary theory is not amenable (ED 219).

Despite the separate treatment given each of these social organizers above, threat, exchange and integration do not operate singly in human affairs. Every interaction between people is some combination of these factors. The triangle below diagrams this interaction between the elements of social organization (PSD 28-31):



At one end of the triangle there is pure threat. This is the interaction between a robber and his victim, i.e., "Your money or your life." At the other end, a pure exchange interaction is had. Boulding's metaphor for pure exchange is the marketplace. At the tip of the triangle are pure integrative relationships. A loving family, church or utopia are examples of integrative interaction where status, respect, affection and love are the primary motivators for actions given and received between the participants (23-36).

Within this TIE diagram, the interactions between the rhetors in the AIDS debate will make clear the individual motivations and intentions of involved parties discussing the issue. It is hoped that the various "dispositional structures" (empirical, normative and political premises) of these groups will then be made clear so that a move towards a

reasonable consensus on this volatile and tragic crisis can result (Elder, Cobb 44).

The Medical Community--AIDS as a Threat to Authority Based Upon an Image of Social Exchange

The AIDS crisis has placed the medical community in an uncomfortable position: the public wants to be assured of its safety; public officials want to know the medical merits of calls for quarantines and bathhouse closings; AIDS victims hope for a cure before they die; and at-risk populations hope for an effective way to prevent AIDS from occurring to them (Lieberson 45; Relman et al 27-31). Despite their concerted efforts, (and considerable progress) the medical profession has been frustrated in solving this tragic mystery of AIDS, which functions as an external threat to the image of medicine, and the self-confidence of its practitioners (Relman et al 16-8). Doctors and nurses on AIDS wards are suffering from feelings of helplessness and burnout. Alvin Friedland-Kien expresses the strain:

> The excitement of a new disease entity has completely left me now. I had some patients who seemed to be doing so well and all the sudden they crashed, and all I have is young people dying. . . . You feel the initial excitement for awhile, then the reality hits and you have to contend with that reality. This is a hard one (Fettner, Check 221-2).

A nurse in California requested a transfer after working for AIDS patients for several years. She "wanted to scream or cry or just run away everytime I walked into another young, dying man's room." The nurse also suffered from nightmares about dying patients (221). These images of despair are threatening ones to doctors and nurses who have been trained in a system that has been wedded to the idea of progressively eradicating infectious diseases from our society. "I used to be totally confident," wrote Lewis Thomas of the Memorial Sloan-Kettering Cancer Center, "that the great infectious diseases were completely under control and would soon, maybe in our lifetime, vanish as threats to human health." Thomas has now suggested that defeating the ill effects of the AIDS microbe is a far-off goal (224). Doctors and nurses are not above refusing to treat AIDS patients as a result of their fear and ignorance. (This has been the exception, however, and not the rule) (Relman et al 16). Even those trained as scientists realize the limits of their abilities to solve problems. This is a definite conversion of the previous image that many held of the scientific process: positivism. Ernest Cassirer best spoke of the earlier image of scientific positivism:

> There is no second power in our modern world which may be compared to scientific thought. . . . [it is] the summit and consummation of all our human activities, the last chapter in the history of mankind, and the most important subject of a philosophy of man. . . . We may dispute concerning the results of science or its first principles, but

> its general function seems to be unquestionable. It is science which gives us assurance of a common world (qtd. in Marty 11).

This view of science as a "universal religion" has been under increasing pressure in recent years, particularly among scientific philosophers. But among the general public, especially in relation to medical personnel, this image of science possessing an integrative power capable of solving all scientific puzzles has held strong (11-13). In this vision, if we are sick, we are, as political philosopher Robert Wolff suggested, behaving in a rational way if we allow the doctor to have complete authority over us (15). It is part of the implied contract of exchange that medical science can make us well in return for our submission to its will. As professor of medicine Tristram Engelhardt has noted "medicine approaches the world not simply to understand it, but to master it" (28). Implicitly, an image of exchange has historically operated in the practice of medical science on a more general level also, in which the tragic death of patients has been counter-balanced by challenge of discovering new avenues of research and treatments for illness (Fettner, Check 221-2; Solomon). The lack of apparent progress in preventing AIDS patients from dying has caused many people, both victims and others, to question this medical trade-off and thereby forsake scientific remedies or advice concerning AIDS (Altman 63-5, 93). This decline of scientific fortunes has also encouraged those people who want

to impose an image of threat, of judgment and moral culpability, upon AIDS victims. (e.g. Pat Buchanan: "The poor homosexuals. They have declared war on Nature, and now Nature is exacting an awful retribution" (Stryker 12).) This conversion of image concerning the empirical premise of science (the ability to understand and master nature) has indeed affected the arguments within the AIDS policy debate; making it easier for reactive and ideological responses to gain credence over pragmatic ones (Elder & Cobb 44;58).

Ideological Images of the AIDS Debate Held by the "Christian Right": Theological Stances of Threat and Exchange

In America, the response of the religious sector towards the AIDS debate has been tied to the visions and images that various Christian denominations and sects hold in regard to gay persons and homosexual activity, in that they make up a majority of AIDS cases. The religious groups that have exploited the crisis for their benefit have been fundamentalist groups, often referred to as the "Christian right." Images that adherents of these sects hold of AIDS and its victims include the concept of just punishment of rebels for going against God's dictates and nature; and also of threat for the rest of society (Hancock 255-8).

Indentification of the AIDS epidemic with gays has "allowed for some very nasty scapegoating" to occur, according to Altman (13). This health crisis has been "a

godsend" to the fundamentalists, who had been chagrined at the increasing acceptance of gay persons into society during the 1970s (Altman 13; Darsey 235-41). James Fletcher, writing in an editorial published in the Southern Medical Journal, does an extraordinary step of employing some epidemilogical data (that the early AIDS cases appeared among people who had numerous sexual encounters) as a warrant to justify Bibical prohibitions against homosexuals:

> A logical conclusion is that AIDS is a self-inflicted disorder for the majority of those who suffer from it. For again, without placing reproach upon certain Haitians [classified at the time as a high-risk group for contracting AIDS, since removed from that status by the CDC] or hemophiliacs, we see homosexual men reaping [the] expected consequences of sexual promiscuity . . ..
>
> Perhaps, then, homosexuality is not an "alternative" behavior at all, but as the ancient wisdom of the Bible states, most certainly pathologic. Indeed from the empirical medical perspective alone current scientific observation seems to require the conclusion that homosexuality is a pathological condition (qtd. in Altman 66).

This view of AIDS reflects an ideological orientation towards homosexuality within the fundamentalist Christian perspective (the innate sinfulness of same-sex relations) (65-70). Nungesser has noted that conservative Christians view sexual activity which does not possess the potentiality of procreation as "a contagious disease that could result in all kinds of symptoms and disorders" (50). Thomas Eaves, of the Tennesee Bible College, has condensed the image of

homosexuality that fundamentalists accept into a concise syllogism:

> Major Premise--The Bible, which is the inspired word of God, teaches that homosexual acts are intrinsically (in and of themselves) sinful.
>
> Minor Premise--If homosexual acts are intrinsically sinful, then there are no circumstances involving any individuals in which homosexuality activity is approved of [sic] God.
>
> Conclusion--Therefore, the Bible teaches that there are no circumstances involving any individuals in which homosexual activity is approved by God at any given time (Johnson & Eaves 16).

Given this image of innate sin, homosexual behavior is therefore understood from a "demonic" perspective (cf. Pfohl 17-36). The dispositional structure of the fundamentalist world-view (that people are basically "bad," and therefore require strong prohibitions from an inerrant source, the Bible) logically suggests that some very stern measures need to be taken against gays now that AIDS (in the popular imagination, at least) threatens everyone in the society. (e.g., Life's cover-story title of an AIDS article "No One is Safe From AIDS!") (Bebout 31). A far-right group, the American Family Organization, in calling for a petition for quarantine for HTLV-III virus carriers (a majority of whom do not have AIDS (Jonsen, Cooke, Koenig 63).) sent its members the following letter, which emphasizes the view that gays are demonic:

Dear Family Member:

> Since AIDS is transmitted by perverse homosexuals, your name on my national petition to quarantine all homosexual establishments is crucial to your family's health and security . . .. If you want your family's health and security protected, the AIDS carrying homosexuals must be quarantined immediately. . . .These disease-carrying deviants wander the streets unconcerned, possibly making you their next victims. What else can you expect from sex-crazed degenerates but selfishness? (qtd. in Altman 67).

This image of AIDS victims places them into the role of a threatener in Boulding's TIE triangle, making them analogous to the robber (PSD 26). As a result of this image, no punishment for gays is seen as too extreme, including elimination (qtd. in Rivera; Tidwell 2). By comparison with this image, those people calling for AIDS patients or, by extension, all HIV positives to submit to a restriction of their rights either by chemical castration or tatooing, seem more reasonable (Buckley). Proponents of these measures are proposing that an exchange metaphor is appropriate in meeting the AIDS crisis, i.e., the victims must consent to a curtailment of their rights to receive treatment (Boulding ED 308-9; Lieberson 46). Clearly, within the "Christian" right, there is no integrative image available to deal with the epidemic or its victims due to the power of their ideological pre-dispositions concerning homosexuality.

Towards a Theological Integration of AIDS, God and

Society--Liberal Church Perspectives on the AIDS Crisis

As a pointed rejoiner to the fundamentalist viewpoint that the disease of AIDS is God delivering a just retribution for "immoral" homosexual activity, an interfaith forum on religion and AIDS held in New York denounced this view and declared that the tragic epidemic was not "God's punishment." (Freiberg 18) Episcopal bishop Paul Moore, chair of the New York State AIDS Advisory Council, stated that the harmful effects of the attitudes of anti-gay churches:

> cannot help but be deflected onto people with AIDS. Those of us who feel differently, believe differently, because of what we read in the Bible, have an obilgation to [not only] fight strongly for the rights of people with AIDS . . ., but also [for] the rights of the gay community, so that [its] morale may be supported in this time of tragedy (18).

Another participant of the conference, Rabbi Balfour Brickner, was more blunt in his views than Moore. He declared that the "AIDS as punishment" argument is a:

> cruel argument. This kind of argumentation represents, in my judgment, the worst of religious thinking, a tragic distortion of what religion ought to be about (Ibid.).

What is the basic difference of image between the religious fundamentalists and moderates that can make them

view the moral implications of the AIDS crisis so differently? The answer lies in the basic theological differences between the camps. In Human Sexuality: New Directions in Catholic Thought, Kosnik et al outline four different approaches that can be assumed towards homosexuality. These approaches (and how they fit into Boulding's TIE schema) are:

1. Homosexual acts are intrinsically evil. (threat)
2. Homosexual acts are essentially imperfect. (exchange)
3. Homosexual acts are to be evaluated in terms of their relational significance. (towards integry)
4. Homosexual acts are essentially good and natural (integrative) (Kosnik, 200-9).

As open dialogue of homosexuality in the churches became the norm in the 1970s, many mainline denominations began to move away from the absolutist traditional perspective (number 1) and towards the more situational approaches (2,3 and 4) (For an overview of this development see McNeill, "Homosexuality: Challenging the Church to Grow").

This move was due to a number of inter-related factors. One of these factors was new directions in Bibical scholarship that called the old interpretation of Bibical injuctions against homosexuality into question (Bailey 29-64). Another element favoring more liberal views towards gays in the church was the increasing sociological research

available in the 1960s and '70s that demonstrated that any "deviance" in homosexuals was due largely to the discrimination that they suffered from in society (Gramick 60-79). But most importantly, the move towards a more integrative image of homosexuality and the church was made possible by a sea-change in moral theology and ethics within the mainline churches, Protestant and American Catholic. The first change in theological thought that allowed for a more "liberal" position on homosexuality was a move away from a legalistic vision of moral codes towards a more situational view (cf. J. Fletcher Situation Ethics) and, secondly, an increasing acceptance of a "process" rather than a deontological theology (Cahill 1-13; Pittenger Process 41-54). (In process theology, God is seen as a "supreme author" who is still in the process of creating reality as well as his intentions for the future. This image of God is anathema to fundamentalists, who insist that creation has already taken place and that God's plans for the future are clear and unambiguous.) While much argument over these issues is still common in many denominations today, the ground of the argument has shifted in favor of liberal policies towards gay persons in the church (Cahill 8-12).

Because of this shift in theological visions, the U.S. National Council of Churches has officially called for the end to legal and civil discrimination against persons on grounds of sexual orientation, and both the Episcopal Church and the Disciples of Christ have ordained openly gay persons

as ministers (Nungesser 50). Unitarian Universalist congregations go further, proclaiming themselves as "voice[s] for gay human rights" (Scalcione-Conti). Even conservative and reformed Jewish theologians have begun to accept a more situational ethic in judging homosexual persons and actions despite strong traditional views prohibiting intimate same-sex relations (Matt 13-24).

Norman Pittenger, an Anglican "process" theologian, has summed up this liberal moral perspective well in suggesting that it is the direction that a person takes in his life that determines the rightness or wrongness of his actions. If one moves away from an image of integration, of love towards others, in his interpersonal dealings, then one is sinning. Conversely, if one is moving towards a image of integration and wholeness in his relations, heterosexual or homosexual, then that person is doing the moral thing. In the process theological perspective then, it is the aiming towards the highest potential available to people within the situation they find themselves in that defines correct behavior (Pittenger "The Homosexual . . ." 230-1). The operating premises of the situational religious view is that people are basically compassionate, strong and improvable (Elder, Cobb 44).

In response to the AIDS crisis then, a church operating from a situational ethic must respond in a pragmatic and loving fashion in fulfilling its social obligation to victims

so to fit Boulding's model for integry (PSD 26-9). At a national conference on AIDS hosted by the Episcopal Church in March 1986, William Countryman, professor at the Divinity School of the Pacific attempted to answer the question: "What is God doing in the AIDS crisis?" His reply focused upon the response that the church is attempting to make to this "test," that of love and compassion for the victims of AIDS ("San Francisco . . ." 1,4). The symbols employed by the liberal churches are those of reassurance and hope, not those of threat and punishment offered by the fundamentalist denominations. This response to the AIDS crisis is possible because of the lack of strong ideological pre-dispositions against gay people in moderate churches.

Towards a Redefinition of Image and Meaning--The Gay Response to the AIDS Threat by Exchange

Among gay males, the AIDS crisis has been largely perceived as a threat. The primary image of threat in the AIDS crisis is the medical one, with gay men worrying whether they have been infected or not, or knowing they are infected with the virus, wondering if they will develop the fatal syndrome. The image of threat was put most starkly by James Curran of the Center for Disease Control (CDC) to state, "the thing is, people are dying. The medical problem is more important than the civil rights issues" (Fain 15). Among many gay activists, this is the core of the problem: How can this dreaded disease be controlled without sacrificing the

limited civil rights gains made by the gay community since the 1970s? The problem posed by the the AIDS crisis is the necessary diminution of sexual promiscuity as a symbol of gay liberation (Osborn 55). Some people in the gay movement had embraced the sexual liberation ideal fully, partaking of sex as a symbol of freedom from the old societal mores (Relman et al 22).

This image of integration via a "body politic" had provided the symbolic convergence of the gay movement since Stonewall (Altman 142; Darsey 238-41). (Stonewall refers to a riot protesting police harassment at a bar of that name in New York City in 1969. It is often pointed to as the watershed of gay liberation by movement historians (Darsey 238).) Daniel Curzon, in "Why We Came to Sodom," chronicles the development of this image of liberation in San Francisco before AIDS:

> It was a wonderful time to be gay, . . . for we were part of a major revolution in ethics, in the way the world would define "morality" and "immorality." It was no longer Sin and Degradation, but Gay Pride. . . . Naturally, all the while we were organizing as a community . . .[and] we were out there getting it on with our brothers. Why wouldn't we? . . . So we went to bars and cruised and had lots of one-night stands. . . . We fell in love too and and made our nests just like most people, but many among us had time for extra-curricular sex as well. It was terrific. All that sexual starvation, all those terrible experiences and frustrations were being compensated for at last! (22).

The future did seem rosy in the late '70s for gay persons. In 1973, the American Psychiatric Association had removed the onus of illness from homosexuality (Nungesser 57; Chesebro 175-88); state governments were under pressure from gay political groups to de-criminalize sodomy (Nungesser 52); and homosexuality became increasingly viewed as an alternative lifestyle by the general public (Curzon 22-3). Now, the specter of AIDS has served to reverse or raise questions about these gains (Nichols). Might the political symbolization of liberation now have to change to one of limits? Nathan Fain places the dichotomy faced by the gay movement in these stark terms:

> The current problem with promiscuity is that the AIDS crisis has given it a deadly cast just as it was about to shake off its old moral associations. Most of the new gay wrath emerging involves this problem, whether [free sex] should be stopped in its tracks to save our lives or, instead, even speeded up to save our political souls (18).

The AIDS crisis has intensified the divisions present in gay politics, the main division being between those gays who want to accommodate the "system," versus those who want to fight against the system. As Fain put it,

> . . . the style of gay answers to the issues of AIDS has a familiar ring to the old political days. It is hard and plangent and awash with rage. While many gay men find themselves swept into new community bonds for the first time in their lives, veterans of the struggle for liberation have been

> waiting for their renaissance. The parvenues [accommadationists] generally seem to want to concentrate on helping AIDS patients and on cooperating with established authority, making friends wherever possible. The old guard wants blood (17).

The central concern here is the relation between sex and responsibility. The politicalization of promiscuous sex as a symbol of liberation by the gay movement has made it difficult for participants to "find ways of adopting sexual behavior and ethics that would include an awareness of how to prevent transmission of AIDS" (Altman 142). This conflict between the valued "condensational" symbol of sexual freedom and the situational exigence of AIDS is most evident in the debate over bathhouse closings (Elder, Cobb 29; Altman 147).

The club or bathhouse has been the most powerful symbol of sexual freedom in the homosexual urban subculture. Agruments concerning their control or closure by public health authorities have divided the gay political community. In San Francisco, the gay mecca, there was much political infighting among this community concerning an effort by the city government to require bathhouse owners to agree to prohibit oral and anal intercourse (defined as probable ways of infection by the CDC) among their patrons, or face closure (148-9). These proposals came under fire from gay businessmen who opposed any attempt at bathhouse control because they would suffer financially, but some gay leaders thought some measure of control was appropriate. Gay

journalist Randy Shilts wrote an article in the San Francisco gay press calling for closure of the baths, claiming support from CDC head James Curran and Harry Britt, San Francisco's gay city supervisor (Altman 149). Another old-time political activist, Larry Littlejohn, called for a citywide ballot to prohibit sexual activity in bathhouses. Amid great publicity, some baths were forced to close because of bad business. The Sutro Bathhouse staff released a letter announcing their closing, and also attacking the process that had led to this action:

> Political hysteria and political abuse have grabbed the headlines, distorted the facts and turned our customers and supporters into frightened and confused people willing to give up their civil rights with little or no protest. . . . We are angered to think how hard we tried to co-operate [with city health officials] and have even gone beyond what was required, and then to have our own politically ambitious self-proclaimed "gay leaders" point their fingers at us and demand our death (qtd. in Altman 150).

This dispute over the bathhouse closing was more than just a policy disagreement on AIDS, it was a fight over symbols, over a "gay identity." Canadian gay journalist Michael Lynch, writing in the newspaper Body Politic, said that many in the gay community had allowed the medical profession to "make us sick all over again" (qtd. in Fain 18). In short, for many persons AIDS had redefined homosexuality as a medical problem in and of itself. Lynch declares that AIDS patients must not allow this to continue.

He demands that gays not "sign ourselves over to the panic-mongering journalists and doctors" (18). In Boulding's terminology, Lynch is saying that gays should not submit to the social organizer of threat, but counter-attack the image of scientism with the images of politics. As Curzon states, "We [gay persons] won't go back to the past. We'll just have to learn to destroy microbes. We finally dared to love our fellow men openly--and frequently--and that is worth any risk" (23).

Some gay persons have given in to the image of threat in the AIDS crisis, and have pointed to their own culpability as cause of the disease. In the New York Native, two AIDS patients and founders of the group People With AIDS, recanted their past views about sex and declared a "war on promiscuity" (Fain 17; Altman 145-7). Therein Micheal Callen and Richard Berkowitz declared:

> We, the authors have concluded that . . . our lifestyle has created the present epidemic among gay men. . . . We have remained silent because we have been unable or unwilling to accept responsibility for the role that our own excessiveness has played in our present health crisis. [they cite CDC statistics that 50 of the early gay AIDS victims had had an average of 1,160 sex partners] But, deep down, we know who we are and we know why we're sick (qtd. in Fain 17).

This image is definitely one of submission to a threat, and implying that an exchange image is in order, i.e., stop

having so much sex and you will live. The response to Callen and Berkowitz piece was strong. "Soon we'll all be celibate or we'll be outlaws," retorted one man (Altman 152). These patients also demonstrate the power of the image of judgment employed by the religious fundamentalists discussed earlier. Altman states the problem present in dealing with the AIDS crisis succeintly,

> The central dilemma that faces gay men as the epidemic spreads is how to develop "safe sex" without feeding the traditional moralism that condemns both homosexuality and sex outside a committed relationship and so easily feeds into the heightened homophobia unleashed by AIDS (156).

This indeed is the central question here: In sum, what is required is an approach to the crisis that has an integrative image as its organizer, not primarily threat or exchange. In the following section, attempts of the gay community to achieve a pragmatic, rather than a reactive or ideological response in the face of AIDS will be discussed (Elder & Cobb 44).

Towards a Integrative Gay Community Response to the AIDS Crisis

The paradoxes and dilemmas posed by the AIDS crisis has created a rhetorical situation in which an integrative, pragmatic and well-specified response is possible, if the participants in the discussion are willing to share with each

other in a dialogical fashion their diverse "images" of the situation (Makay & Brown 1). Fettner and Check suggest that the epidemic "may be the potential seed of a genuine political revolution in America" (231). The basis for this assertion is the plethora of support organizations that have risen to answer the medical, political and social challenges of the crisis. The main goals of these groups is to provide support for AIDS patients and their families; to raise funds for research; and to provide information and referral services to the general public (Altman 92). These groups (and others like them) have served to galvanize gay persons into a stronger image of community, an integry (82-3). As writer Seymour Kleinberg noted:

> AIDS action has already begun to bolster and affirm the quality of gay life. It has mobilized and involve many individuals who had previously seen themselves as apart from community concerns. And it has once again shown lesbians and gay men the benefits of working together on a common cause (qtd. in Altman 82).

Previous to the AIDS crisis, gay organizations (from the Mattachine Society in the 1950s, to the National Gay Task Force in the 1970s) had as their primary goal the extension of legal, political and social rights to gay persons. The results were basically positive, if uneven, in that public perception of homosexuality had become more accepting over the interim (Darsey 224-47). According to Altman the earlier political fights the gay community faced (Stonewall, the Dale

County referendum, and Proposition 6 in California) created a perception in many people that "homosexuality was basically a political issue best dealt with by an organizational response, a perception resisted by many gays" (103). The AIDS emergency and resultant panic has caused an individualization of perception to occur among gay men, a more concrete symbolization of the worth of involvement. AIDS is perceived as a "life or death" issue by many gay people, and this stark realization has resulted in the creation of a specific and pragmatic response where there had earlier been either reactive or apathetic ones (Elder & Cobb 58). Altman suggests that without the AIDS crisis, "it is probable to assume that . . . the gay movement would be much weaker than it is now," due to the conservative ideological trend of the '80s (99).

Two of these self-help groups, the Gay Men's Health Crisis (GMHC) and the Shanti project in San Francisco, both provide an example of groups founded as a specific, pragmatic response within the gay community to the AIDS danger (85-9). The GHMC, founded by Fain, novelist Larry Kramer and doctor Larry Mass in 1981 has grown from a small meeting in a New York apartment to raise money for friends affected with AIDS, (Bush 20-1) to a large, somewhat bureaucratic organization with over 300 volunteers,(not all gay) and an $800,000 budget in 1986 (Altman 85).

The main work done by the GHMC is to provide counseling

and "buddy" services to AIDS patients, and to locate housing for clients, who are ill and often out of work. Its ability to create a sense of involvement, of purpose in the New York community has been "gratifying," according to the late Paul Popham, past GMHC President. (Since this article was first written, it has come to the author's attention that Popham has died of AIDS complications.) Referring to why he joined the effort, Popham states:

> We wanted to raise money for one thing, to say that the gay community wasn't so passive that it wouldn't do anything to help itself. . . I and a big part of the people fell into a category that we were turned off by politics, but in the 13 years I've been in New York's gay community, I've never seen anything like the response [to the GMHC] (Bush 20).

This great response was due to the situational relevance that the AIDS crisis had created for gay men (Elder & Cobb 67). An image of threat has provoked an integrative response, a solid ground for effective political action.

Popham continues:

> It's an issue that is touching every one of our lives so much, that's the reason [for the response]. . . . It is gratifying to see the community come together, but it has had a terrible cost (Bush 20).

The Shanti project in San Francisco was originally a

program started in 1974 to provide for the care of terminally-ill cancer patients (21). In 1984, it was reconstituted to serve AIDS patients exclusively (Altman 89). Shanti works closely with the city government to provide counseling, informational, and most importantly, housing and home-care services for AIDS patients. According to Altman the organization has provided a model for others to follow in the care of AIDS patients within the community. Its operations have been studied by health officials from abroad, Australia in particular (89).

Organizations similar to GMHC and Shanti have been set up in most major cities in the U.S. and abroad. As the AIDS problem spreads, so does an empathic and active response to the exigence. AIDS Hotlines and referrals have been organized and funded in cities such as Dallas, where there is no governmental support. In fact, the AIDS groups in Texas are having to spend their privately-raised monies combatting homophobic groups such as Doctors Against Aids and the Alert Citizen's of Texas (90).

The value of such groups to the individual AIDS patient is immense. As a result of the phobias and threatening aspects of this affliction already discussed, many persons with AIDS have several unavoidable burdens to bear. Coming to terms with familial and social responses to both one's sexuality and death at an early age is indeed difficult to face with the loving support of friends and quite unbearable

without. Glen McGahee, facing just such a situation advises:

> Don't try to go it alone. By being together, we can share feelings and experiences without the hassle of being analyzed or pitied. We are blood brothers and sisters. It is to our advantage to share . . . What we learn can benefit others and make our lives easier. Through our sharing and open communication we will live better, fuller lives (qtd. in Altman 97).

Conclusion

Elder and Cobb, in discussing the use of political symbols, assert that:

> politics is best understood as neither a rational or irrational process. Rather it is more appropriately regarded are [sic] [as] arational (1).

The political culture is made of both rational and irrational elements that are loosely structured within a "logic of collective action," according to Elder and Cobb. This logic has to operate in a society which lacks certainty and offers decision-makers fragmentary information upon which to make policy choices (1-2). The AIDS crisis is definitely an example of a exigence that defies easy answers. But political decisions will be made concerning this terrible disease, and if strong rhetorically interventionist efforts are not mounted by informed parties, these decisions may well be based upon irrational fears and prejudice rather than a toughtful reading of the facts. (Compare the recent

[9-15-87] showing of "The National AIDS Test," a reasoned educational effort funded by Metropolitan Life, with the absurdist television spin-off of Gene Antonio's alarmist and conspiratorial book The AIDS Coverup: The Real and Alarming Facts About AIDS, hosted by fundamentalist TV preacher Jack Van Impe [9-8-87].)

Due to the image of threat created by AIDS and the sexual aspects of the malady, some participants in the debate have resorted to reactive (irrational fear) or ideological (condemnation of victims) responses. If reasonable and just policies concerning the AIDS crisis are to be made, such responses will not do. Boulding's concept of integry provides the best model for a pragmatic and thoughtful response to the "situational exigence" of AIDS. This paper has shown that this integrative reply is available. The public should therefore attend to those parties in the debate which articulate this unifying image and discount those which do not, for whatever ideological reasons.

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